



Benton-Franklin Health District
800 W. Canal Drive
Kennewick, WA 99336
(509) 586-0207

**Application for Certified Copy of Birth Certificate
(To be used for persons born in the State of Washington after 1940)**

Please return this completed application to Benton Franklin Health District OR mail to the address above with the appropriate fee. Allow 6 weeks from date of birth for newborns.

TODAY'S DATE: _____

FULL NAME ON RECORD: _____

PLACE OF BIRTH (*Only Washington State*): _____

DATE OF BIRTH (*Only after 1/1/40*): _____

FULL NAME OF FATHER (*If on certificate*): _____

FULL **MAIDEN** NAME OF MOTHER: _____

NUMBER OF COPIES: _____ X \$17.00 = _____
(ACCEPTED METHOD OF PAYMENT: CREDIT CARD, CASH OR MONEY ORDER)

Please Complete for Identification Purposes Only – Please Print

YOUR NAME: _____
Last First MI

YOUR ADDRESS: _____
Street

City State Zip

HOME PHONE () _____ WORK PHONE () _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO. ____ - ____ - ____

Signature of person requesting certificate: _____

Relationship to person whose certificate is requested: _____

FOR OFFICE USE ONLY

No. of Copies _____ Date Picked Up/Mailed _____

Account No. _____ Receipt No. _____

Date: _____